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ABSTRACT

This paper reports some of the preliminary findings of an investigation of the ways in which married couples experience pregnancy. Demographic, historical, personal, and marital information was gathered through individual interviews with each prospective parent. The 57 variables measured were combined to make six clusters: (1) experience of pregnancy, (2) psychophysiologic response to pregnancy (physical well-being and anxieties), (3) marital relationship, (4) social support, (5) expectations of labor and delivery, and (6) expectation of parenting. When the father and mother interview clusters were intercorrelated, several patterns emerged regarding differences and similarities in responses. Conclusions drawn from the statistical comparisons of the data suggest that fathering is as involved and varied an experience as mothering and that pregnancy is a dyadic experience for the prospective parents. (SDH)

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The Pregnant Couple

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THE PREGNANT COUPLE

This report concentrates on one aspect of the infant effects project just described by Dr. Yarrow--the prenatal interviews with the expectant couples. In many of the previous studies of emotional response to pregnancy frequently if not invariably the focus fell upon the mother-to-be. Few workers have investigated the attitudes and responses of the prospective father and fewer still have attempted to describe couple interaction. We feel that this has been an oversight. A moment's reflection might reveal, for example, that such a phenomen as the couvade syndrome--the development of somatic symptoms of pregnancy or labor in a prospective father--presumes at least some form of interaction or mimickry between marital partners and thus is not an event occurring in an isolated individual. It was our hope to gather categories of information from both parents--similar for both--through separate individual sessions and then--by pooling the interviewers' knowledge--to gain some understanding of how a couple as a unit deals with a pregnancy.

In addition to routine demographic information, the interview protocol covers a number of areas dealing both with historical items and also with issues of present personal and marital adjustment. Interviewer ratings on a five point scale are used to define 57 separate variables on each prospective parent. For example, the interviewer questions the overall feelings about the pregnancy--"What sort of an experience has it been for you?"--The response is then rated from 1--extremely rejecting through 3--contented to 5--enthusiastic. The 57 variables combine into 6 conceptual categories or clusters which I will summarize briefly.

The first--experience of pregnancy--is composed of the added ratings of questions relating to overall satisfaction with the pregnancy, affect and visual imagery associated with it, the pregnancy's disruptiveness of daily routine and whether or not the pregnancy was planned.

The second cluster--psychophysiologic response to pregnancy--is comprised of such items as sense of physical well-being, anxieties--both general and specific in regard to the pregnancy, as well as a brief check list of psychological symptoms.

The third cluster--marital relationship -contains such items as perceived support from the spouse, awareness of the spouse's feelings, and subjective evaluation of the marriage.

The fourth cluster--social support--seeks to document the degree of support which the prospective parent feels that he or she receives from parents, friends or physicians.

The fifth cluster--expectations of labor and delivery--concerns affect and imagery associated with the delivery fantasy, amount of childbirth education obtained and delivery medication preferences.

Finally, the sixth cluster--expectation of parenting--deals with a number of items including past contact with infants, confidence about parenting, ability to picture oneself with a child and the affect and imagery associated with children.

Our goals in obtaining such categories of information are several. It seems to us that a sampling of prospective parental attitudes and perceptions might give us some base line sense of personality dynamics within each couple. For example, changes in attitudes between the pre & postnatal periods might be demonstrated to be a function of an

infant behavior, and thus an infant effect. In addition to this, it is our hypothesis that the contribution made by the father to the parenting process has been too frequently neglected, ignored or underestimated. While our later measures tend to focus on the mother/child interaction, we hope to demonstrate that prospective paternal attitudes are significantly related to the quality of the early infancy experience--indeed, help shape the mother/child interaction among other things.

I would like now to concentrate upon some of our preliminary findings which I think assert the importance of the prospective father as well as emphasize the manner in which pregnancy is--for these subjects--a couple experience.

It would appear that the interview clusters provided reasonably discrete and disparate measures. In the father interview there were few significant intercorrelations among the clusters, the highest one (father's experience of pregnancy and his expectations of labor and delivery) having an r value of 0.41. In the case of the mother interview, many more significant intercorrelations of clusters are found, but none exceeds an r value of 0.57. In other words, although there is some overlap of what each cluster measures, it is in no case an overwhelming one. Since essentially the same questions were asked of each spouse, the higher intercorrelation among clusters in the case of the mothers is probably pertinent. We can only speculate as to the cause, but it seems to us that particularly in this last stage of pregnancy, the physical changes in the woman must make the entire pregnancy experience more intrusive in nearly every aspect of her life. The women were nearing childbirth at the time of interview. Most were somewhat awkward in their movements, of course,

and appeared somewhat physically uncomfortable. Many had stopped working and begun to devote much of their time to either nesting type behaviors or simply waiting. Such was not the case with the fathers. While intensely emotionally involved in the pregnancy, their lives had not constricted around it to so great an extent as had their wives.

When an intercorrelation of father and mother interview clusters is considered, we find several patterns emerge. Couples have significantly similar or parallel patterns of response in experience of pregnancy, social support and expectations of labor and delivery. We feel the social support cluster reflects most probably that each spouse makes the same assessment of how much outside help they are obtaining, the other two clusters probably have more to do with the internal dynamics of the couple system. The overwhelming force in these couples' lives at the time of the interview is the pregnancy and impending delivery, and it is perhaps not surprising that the responses of husbands and wives tend to parallel each other in relation to these processes. In addition, the fathers' experience of pregnancy and their expectations of labor and delivery both relate significantly to the same 3 mother clusters: experience of pregnancy, psychophysiologic response to pregnancy and expectations of labor and delivery. The possible directions of influence are many, but it would appear that whatever way the interaction is occurring, these specific areas of the fathers' feelings are sensitively and powerfully related to maternal clusters concerning the immediate pregnancy experience--for example, her psychophysiologic reaction to it. Husbands and wives respond in similar emotional patterns to pregnancy, considered couple by couple.

One of the more striking aspects of the couples to us is that within each pair, there are far more similarities than differences between husbands and wives. We believe we have obtained roughly comparable measures from each parent on all the variables. In view of this, it is noteworthy that when couples are considered by pairs, tests fail to differentiate husband and wife on most variables. This tendency toward high similarity of response reflects, we believe, a fusion of attitude and purpose in the couple system as it enters upon the most stressful period of the pregnancy.

Of the 6 clusters, only 2 show significant differences between husband and wife. These are experience of pregnancy and psychophysiologic response to pregnancy. The specific items within these clusters which account for the differences are of note. Under the pregnancy experience cluster, we find that 3 of 7 items account for the difference. Husbands have more positive affect associated with the pregnancy--or, as one might say--are less ambivalent about pregnancy. The visual imagery that husbands associate to the word pregnancy also is less amorphous, more sharply defined. For example, a common husband response to the invitation to free associate to the word "pregnancy" is a fantasy production of the husband's very pregnant wife seen in side view; warm protective feelings are reported in association to the image. In contrast, women frequently see only a vague outline of "a swollen woman" of uncertain identity and report feeling a mixture of anticipation and awkwardness. The other item on which spouses differed is--not surprisingly--the extent to which each felt the pregnancy has changed their day-to-day lives: the husbands daily routine had of course changed less than that of their wives.

Differences between husbands and wives in the psychophysiologic cluster spring from 2 items. Wives have significantly more of a "free floating" type of anxiety than do husbands. They also report greater feelings of anxiety concerning their babies' well-being.

There are individual items in other clusters on which couples differ. I might interject that these results do not appear to be random. Significance levels in most cases are less than .01.

Husbands feel that they receive less support from their spouses than wives felt they had received from husbands, although at the same time there was no difference in how much support each spouse felt they gave. Interpretation of such findings must remain speculative, but we feel that this may relate to a theme often remarked upon by the interviewers--described as the "covert support system" operating within the couple. Its operation, in simple terms, was as follows. Superficially both spouses sought to maintain a traditional appearance of masculine strength and female dependency. However, we felt that in many cases such interaction served a defensive purpose. It often seemed to us that it was the husband who was having the difficulty managing his anxiety, and laboring not only under the emotional stress of pregnancy but also the additional burden of having to retain unruffled composure. The secret fear, we felt, was not that the wife would crumple but that the husband would. A great deal of lip service was paid to female dependency in an attempt to shore up rapidly eroding masculine self-esteem. Although we did not formally rate such defenses as denial, we felt that the husbands as a group were far less in touch with their anxiety. While both husbands and wives as groups did not differ on most anxiety scores, this is not because of what they said but rather because of the way they looked and acted.

Spouses also differed by couples in terms of their evaluation of the marriage, husbands being significantly less positive about it. Other differences encountered could be understood in terms of conventional sex-roll stereotype training. Husbands had had much less actual contact with infants than had their wives. They were also less anxious at the prospect of feeding the child, which is undoubtedly a function of the intention of many of these families to try breast feeding. Women anticipated--not suprisingly--far more changes in their daily lives than did their husbands. Most of the prospective mothers had already taken an indefinite leave of absence from work. Finally, in terms of delivery expectations, husbands' had more vivid images of delivery and also were hopeful that more medication would be used--"so she shouldn't feel anything". Delivery as the women discussed it seemed a less graphic, more mysterious event which many hoped to approach fully aware and unanesthetized.

I have sought through the use of some statistical comparisons to demonstrate some of the themes of pregnancy that emerged clinically in very strong form indeed. The first theme is that fathering would seem to be as involving and variegated an experience as mothering, with many similarities and some important differences. The second theme is that pregnancy is a dyadic experience for the prospective parents we studied. Responses are very much to be understood as parts of an interacting emotional system. We hope in our further analyses to relate aspects of this system to some of the early experiences of infancy.